# Face the Facts: KASPER and Prescription Drug Abuse in Kentucky

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Kentucky Cabinet for Health and Family Services

The Different Faces of Substance Abuse Conference January 25, 2011



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# The Scope of the Problem



## Misuse, Abuse, Diversion

#### Misuse:

When a schedule II – V substance is taken by an individual for a non-medical reason.

#### Abuse:

When an individual repeatedly takes a schedule
 II – V substance for a non-medical reason.

#### Diversion:

 When a schedule II – V substance is acquired and/or taken by an individual for whom the medication was not prescribed.



#### **Controlled Substance Schedules**

- Schedule I Illegal Drugs
  - e.g. heroin, marijuana, etc.
- Schedule II Most addictive legal drugs; high abuse potential
  - e.g. oxycodone (OxyContin, Percocet, Tylox).
- Schedule III Less abuse potential than I or II
  - e.g. hydrocodone combinations (Vicodin, Lortab).
- Schedule IV Less abuse potential than III
  - e.g. benzodiazepines (Xanax, Valium).
- Schedule V least abuse potential
  - e.g. codeine containing cough mixtures.



# National Survey on Drug Use and Health

- Non-medical use of prescription drugs increased 12% from 2008 to 2009
  - Increase from 2.5% to 2.8% of the population
- Ecstasy users increased from 555,000 to 760,000
- Methamphetamine users increased from 314,000 to 502,000

Source: 2009 National Survey on Drug Use and Health, U.S. Substance Abuse and Mental Health Services Administration.



#### The Costs of Substance Abuse

- Federal, state and local governments spent \$467.7 billion on substance abuse
- Of the \$373.9 billion spent by federal and state governments:
  - 95.6 percent (\$357.4 billion) to deal with the consequences and human wreckage of substance abuse and addiction
  - 1.9 percent went to prevention and treatment
  - 0.4 percent to research
  - 1.4 percent to taxation and regulation
  - 0.7 percent to interdiction

Source: Shoveling Up II: The Impact of Substance Abuse on Federal, State and Local Budgets, The National Center on Addition and Substance Abuse, Columbia University, May 28, 2009.

# Law Enforcement in Kentucky

- According to the Kentucky State Police, between 2007 and 2008:
  - Prescription drug related offenses rose 13.5%
  - Prescription drug related arrests rose 16.7%
- Prescription drug related Circuit Court cases increased 4.2% between 2007 and 2008
  - Five year high of 1,434 cases in 2008
- Prescription drug related District Court cases increased 8.4% between 2007 and 2008
  - Five year high of 6,032 cases in 2008

Source: *Prescription Drug Abuse in the Commonwealth*, Criminal Justice Data Brief, September 2010, the Kentucky Justice and Public Safety Cabinet.



#### The Medicine Cabinet!

Dear Annie: My husband and I recently purchased a nanny cam. However, instead of catching our nanny doing something wrong, we viewed a trusted neighbor taking our prescription pain medication. He has a key to our house and just let himself in.

What is the best way to handle this?

Annie's Mailbox (Kathy Mitchell, Marcy Sugar)

- December 3, 2008



#### **Controlled Substance Abuse**

- "Pharm" parties; "white trash" parties
  - Cocktails of controlled substances
  - Often consumed with alcohol
  - Xanax goes for about \$3 a pill
  - Vicodin goes for about \$5 a pill
  - More powerful painkillers such as Roxycodone go for about \$10 a pill

Source: 2005 Partnership Attitude Tracking Study on Teen Drug Abuse, The Partnership for a Drug-Free America, May 16, 2006.

# Hydrocodone

- DEA believes hydrocodone the most abused prescription drug in the U.S. <sup>1</sup>
  - Usage increased 400% in last 10 years
  - Hydrocodone attributed ER visits increased 500% in last 10 years
- The U.S. has approximately 4.6% of the world's population and consumes 99% of all the hydrocodone produced <sup>2</sup>
- The "Cocktail": hydrocodone, Xanax and Soma
  - 1. Source: www.drug-addiction.com, The Facts About Hydrocodone Addiction.
- 2. Source: 2008 Annual Report of the International Narcotics Control Board.



# Hydrocodone



Photo from Broadband DSLReports.com
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# Hydrocodone

AMBRIDGE — An Ambridge dentist is facing two drug charges involving 7,000 prescription pain-killing pills, most of which he ingested himself, according to court documents.

John C. Hricik, 58, whose office is at 826 Merchant St., initially told state and federal drug agents that he took between five and 10 hydrocodone tablets daily, then said "it could be 20 per day ... it's a lot."

Source: The Beaver County Times, January 18, 2011



# Oxycodone

- Street names: OC, Oxies, Roxies, Oxycotton, Hillbilly Heroin, Blue
- Highly addictive opioid
- OxyContin ® long-acting version often crushed then snorted or injected
- > 868,000 prescriptions dispensed in KY in 2010
- The U.S. consumes 83% of all the oxycodone produced <sup>1</sup>
- 1. Source: 2008 Annual Report of the International Narcotics Control Board.



# "Study Drugs": Adderall & Ritalin

- Highly addictive amphetamine based stimulants used to treat ADHD
  - 2 4% of college students on ADHD medication
- As many as 20% of college students have use Adderall and Ritalin to study, write papers and take exams
  - Most obtained from fellow students
  - During exams prices can reach as high as \$25 per pill

Source: Adderall Used for Recreation and Study on UMass Campus, Michelle Williams, The Massachusetts Collegian, December 7, 2010.

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# **Fentanyl**

- Synthetic opioid delivered via transdermal patch or lozenge <sup>1</sup> (fentanyl lollipops - Actiq)
  - 50 to 100 percent more potent than morphine
- Patches stolen from nursing home patients
- Methods of abuse:<sup>1</sup>
  - Applying multiple patches to the body at one time
  - Eating or sucking on a patch
  - Extracting the drug from a patch, mixing it with an alcohol solution, and injecting it with a hypodermic needle

<sup>1.</sup> Source: www.drug-addiction.com, Abuse of High-Potency Fentanyl Skin Patches Linked to Hundreds of Deaths.

# The Economics of Drug Diversion

#### "Legal" Drugs Have Street Values

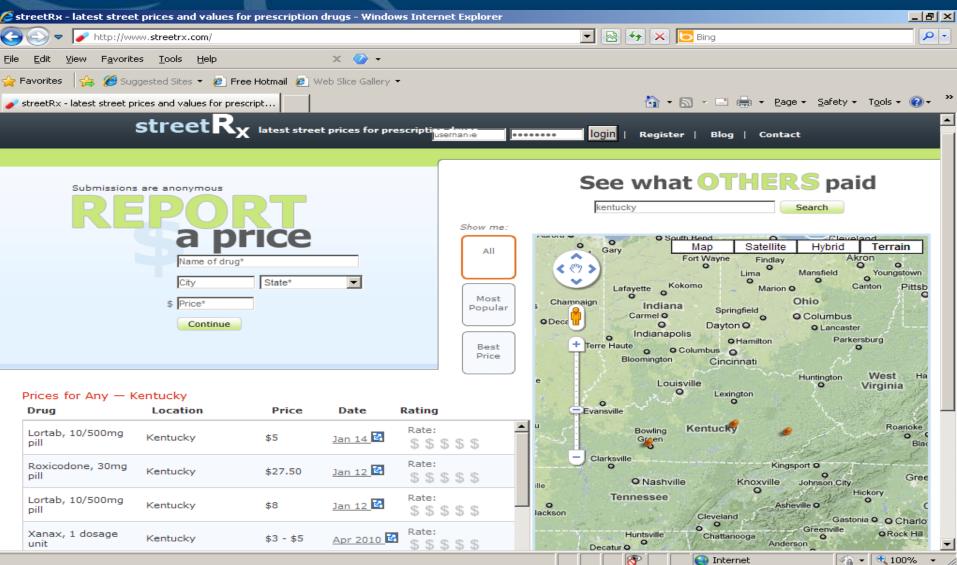
Generic Name	Brand Name	Brand Cost/ 100	Street Value Per 100
Acetaminophen w Codeine 30mg	Tylenol #3	\$56.49	\$800.00
Diazepam 10 mg	Valium 10 mg	\$298.04	\$1,000.00
Hydromorphone	Dilaudid 4 mg	\$88.94	\$10,000.00
Methylphenidate	Ritalin	\$88.24	\$1,500.00
Oxycodone	Oxycontin 80 mg	\$1,081.36	\$8,000.00
Cough Medicine w/Codeine **	Phenergan VC w/Codeine	\$12.00/pint	\$1,300.00/pint

Goldman, MD, Brian, "Unmasking the Illicit Drug Seeker"

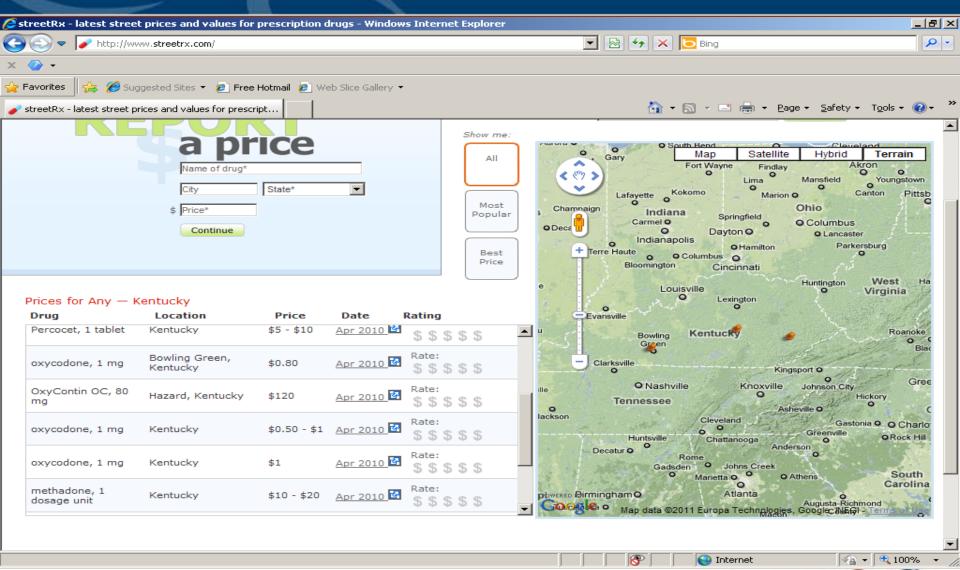
\*\* USA Today, October 19,2006



#### Street Rx



#### Street Rx



# Provider Shopping

Provider shopping is when controlled substances are acquired by deception.

Acts related to attempting to obtain a controlled substance, a prescription for a controlled substance or administration of a controlled substance, prohibited under KRS 218A.140 include:

- Knowingly misrepresenting or withholding information from a practitioner.
- Providing a false name or address.
- Knowingly making a false statement.
- Falsely representing to be authorized to obtain controlled substances.
- Presenting a prescription that was obtained in violation of the above.
- Affixing a false or forged label to a controlled substance receptacle.



# Typical Provider Shopping Behaviors

Patient Behaviors	Examples	
Multiple providers of the same type	3 or more general practitioners, dentists, etc.	
Dispensers and prescribers are in different localities from each other and the patient's home address	Patient lives in Fayette county; prescriber in Franklin county; dispenser in Jessamine county	
Overlapping prescriptions of the same drug from different prescriber types	Oxycodone scripts from dentist, family physician, and pain management doctor within 30 days	
Excessive emergency room visits for non-emergency issues	3 or more emergency room visits in a month for chronic pain conditions	
Requesting replacement for lost medications regularly	Patient states that controlled substance is lost and requests new prescription	
Requesting early refills	Patient requests early refills due to extended out- of-state trip	
Pressuring prescribers to prescribe controlled substances for the patient's family members	Patient requests the pediatrician prescribe cough syrup with codeine for his/her child stating that it is needed for the child to sleep better	



# Typical Provider Shopping Behaviors (Cont.)

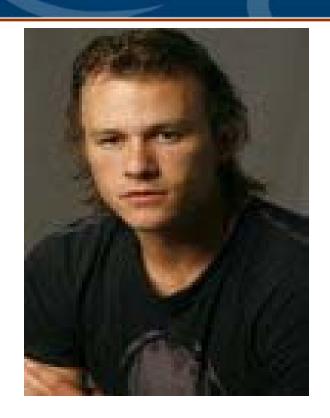
Patient Behaviors	Examples
Using multiple names, social security numbers, addresses, etc.	Patient fills three scripts under three different names
Seeking referrals to multiple pain management clinics	Patient requests referrals to pain management clinics without a specific diagnosis
Associating with others known to be pharmaceutical controlled substance provider shopping	Patient travels to clinic with another patient exhibiting shopping behavior and requests similar prescription
Self-mutilation	Patient presents with potential self-inflicted wound
Cash transactions	Patient prefers to pay cash when insurance available
Requesting partial dispensing of controlled substance script	Patient requests half of the script and returns for the rest within 72 hours
After-hour, weekend and holiday calls for prescriptions	Patient calls prescriber at midnight on Friday to request a controlled substance script



# An Update on the Faces of Substance Abuse



# Celebrities







Photos from The Internet Movie Database



# Dr. Dennis Sandlin



Associated Press Photo, The Mountain Eagle, December 10, 2009

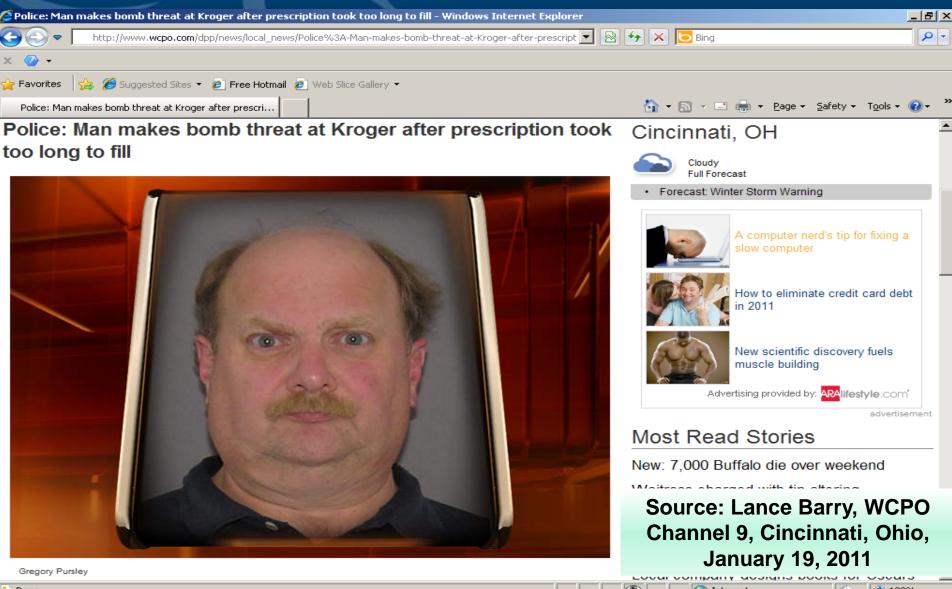
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# **Erica Hughes**



Photo by Pam Spaulding, The Louisville Courier-Journal, November 30, 2009

# **Pharmacy Threat**



NULLUCKY UNBRIDLED SPIRITY

# The KASPER Program



#### What is KASPER?

KASPER is Kentucky's Prescription Monitoring Program (PMP). KASPER tracks Schedule II – V controlled substance prescriptions dispensed within the state as reported by pharmacies and other dispensers.

KASPER is a Web accessed database that provides a tool to help address one of the largest threats to patient safety in the Commonwealth of Kentucky; the misuse, abuse and diversion of controlled pharmaceutical substances.

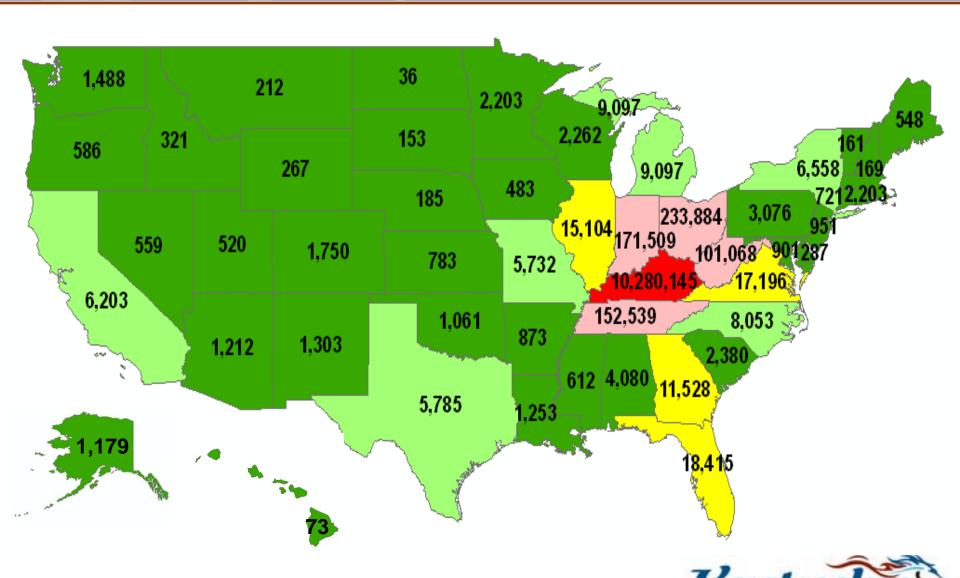


#### The Need for KASPER

- Health care professionals need a tool to help identify patient prescription drug problems and when intervention may be needed.
- Diversion of controlled substances is reaching epidemic proportions.
  - Diverters cover large areas to obtain drugs.
  - Agencies need efficiency and value in their investigative tools.



## Rx's Dispensed in KY by State of Origin 2009





#### Florida "Pill Mills"

- American Pain in Lake Worth saw 250 patients a day, paid doctors \$44,000 a week and administered more than 2 million oxycodone pills, according to federal court documents. The clinic's five doctors ranked among the top 20 purchasers of oxycodone, according to the DEA
- Between August 2008 and November 2009, a new pain clinic opened in Broward and Palm Beach counties on average every three days, according to a Broward County grand jury

Source: *Pill Mills: Snapshots from the Prescription Drug War*, Amy Keller, Florida Trend, January 7, 2011.

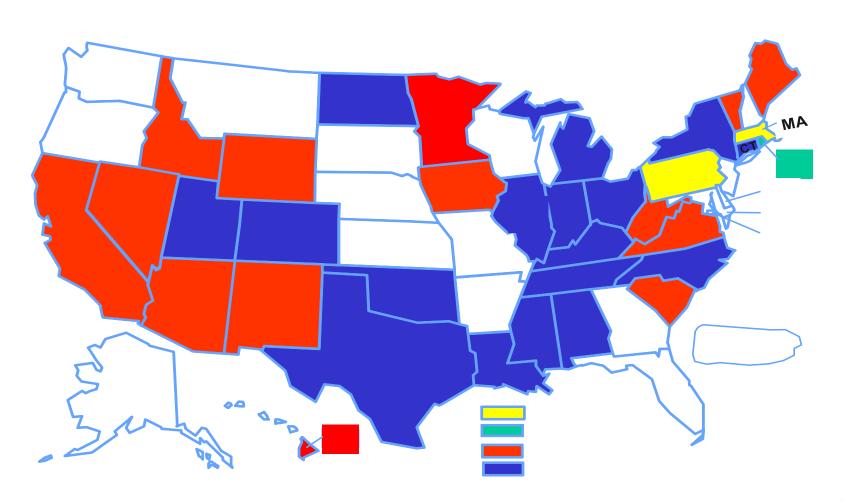


# **Prescription Monitoring Programs**

- 34 states currently have PMPs for at least one class of controlled substance.
- 9 states/territories have passed legislation to implement a PMP.
- Additional states are currently working to ring legislation to implement monitoring programs.

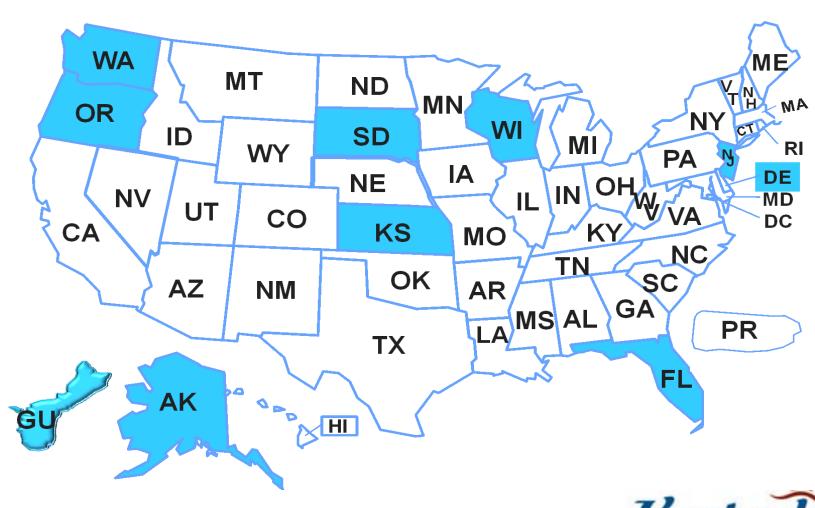


#### **States With Prescription Monitoring Programs**





#### **States with PMP Legislation**



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# **Border State Programs**

- Indiana (INSPECT)
  - http://www.in.gov/pla/2335.htm
- Illinois (Prescription Information Library)
  - https://www.ilpmp.org/
- Ohio (OARRS)
  - http://www.ohiopmp.gov
- Tennessee
  - https://prescriptionmonitoring.state.tn.us/Login.aspx
- Virginia
  - https://www.pmp.dhp.virginia.gov/VAPMPWebCenter/login.a spx
- West Virginia (RxDataTrak)
  - https://65.78.228.163/login.asp



#### **KASPER Operation**

- KASPER tracks most Schedule II V substances dispensed in KY.
  - Approximately 11 million controlled substance prescriptions reported to the system each year.
- KASPER data is 1 to 7 days old.
  - Dispensers have 7 days to report.
  - RelayHealth processes & provides data once per day.
- Reports available to authorized individuals.
  - Available via fax in 2-8 hours.
  - Available via Web typically within 15 seconds (90% of requests).
  - Available 24/7 from any PC with Web access.

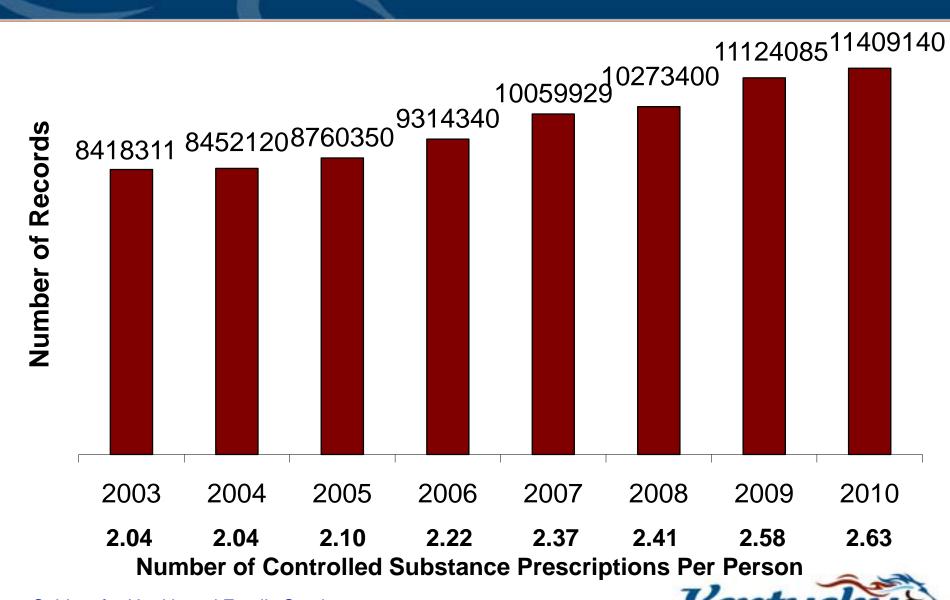


#### Not Required to Report

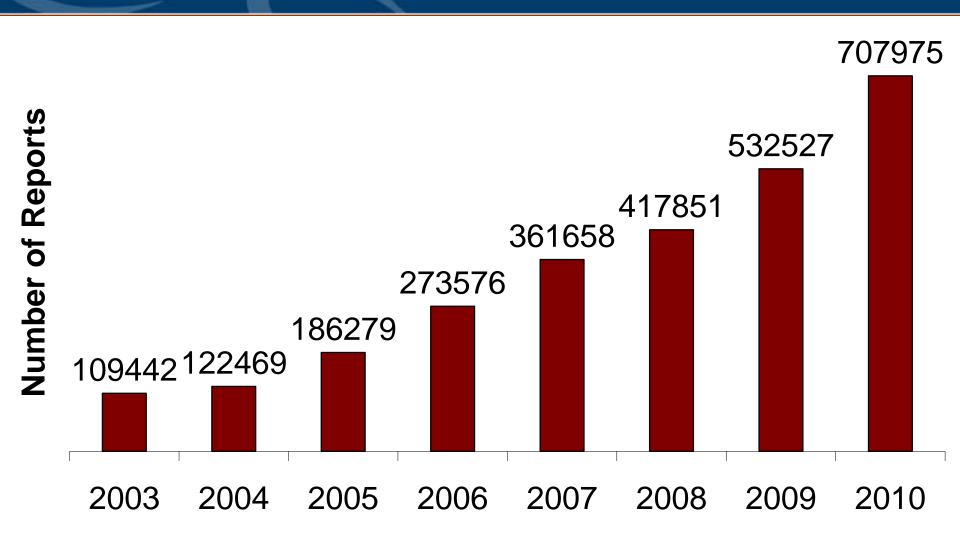
- Federal pharmacies do not have to report
  - Methadone clinics (federal privacy regulations)
  - VA hospitals
  - Military pharmacies
- Emergency departments do not report unless >48 hour supply dispensed.



#### **KASPER Records Total/Per Person**

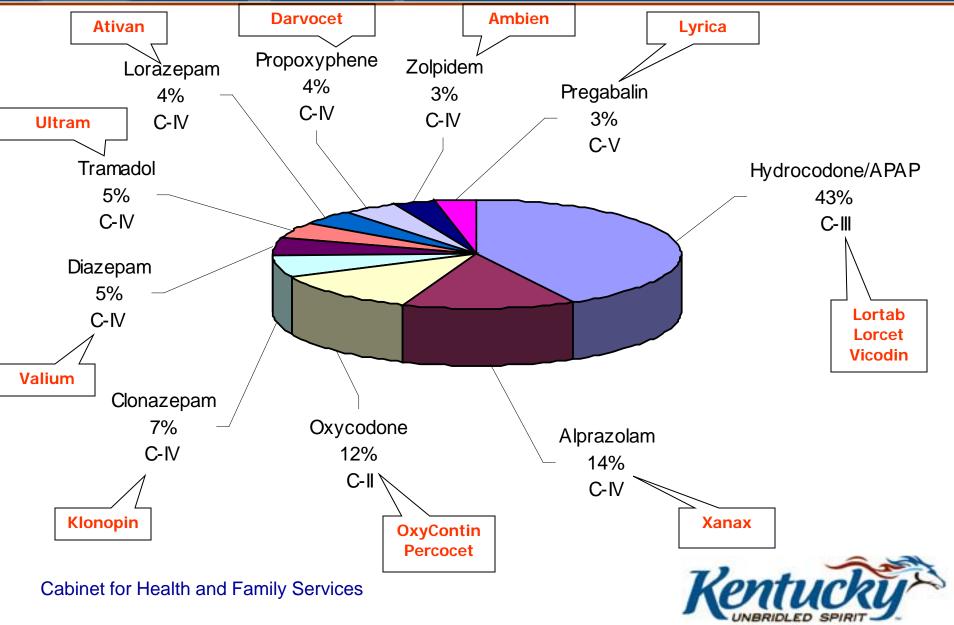


#### **KASPER Reports Requested**

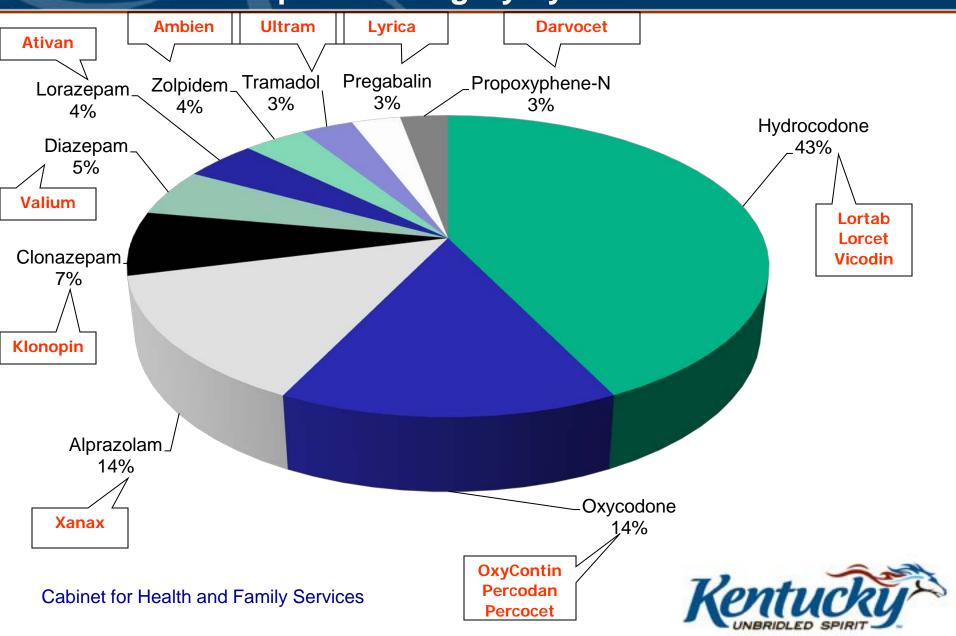




### **Top Prescribed Controlled Substances by Therapeutic Category by Doses - 2009**



## Top Prescribed Controlled Substances by Therapeutic Category by Doses - 2010

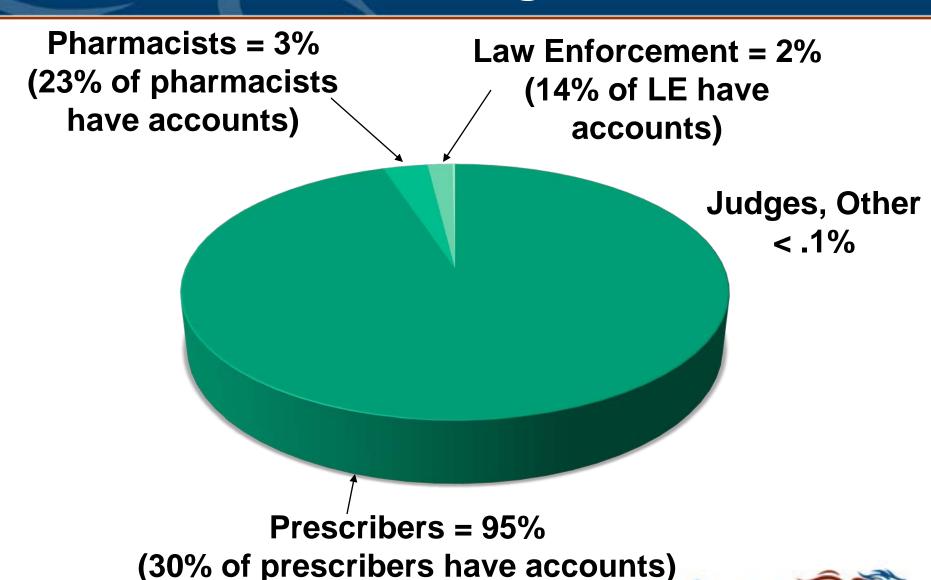


#### **KASPER Stakeholders**

- Licensing Boards to investigate potential inappropriate prescribing by a licensee only.
- Practitioners and Pharmacists to review a current patient's controlled substance prescription history for medical and/or pharmaceutical treatment.
- Law Enforcement Officers to review an individual's controlled substance prescription history as part of a bona fide drug investigation.
- Medicaid to screen members for potential abuse of pharmacy benefits and to determine "lock-in"; to screen providers for adherence to prescribing guidelines for Medicaid patients.
- A judge or probation or parole officer to help ensure adherence to drug diversion or probation program guidelines.



#### KASPER Usage 2010



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#### **Goals of KASPER**

- KASPER was designed as a tool to help address the problem with prescription drug abuse and diversion by providing:
  - A source of information for health care professionals.
  - An investigative tool for law enforcement.
- KASPER was not designed to:
  - Prevent people from getting prescription drugs.
  - Decrease the number of doses dispensed.



#### **KASPER Activities and Plans**



#### **Evaluation of KASPER Effectiveness**

- Conducted by University of Kentucky College of Pharmacy; Institute for Pharmaceutical Outcomes and Policy
- Stakeholder interviews including licensure boards and law enforcement
  - Surveys of KASPER users and non-users
  - Data analysis (pharmacy loss data, Medicaid data, etc.)
- Results demonstrated that:
  - KASPER is very effective tool for reducing controlled substance abuse and diversion in Kentucky
  - The data do not support a "chilling effect" on prescribers

#### 2010 KASPER User Satisfaction Survey

- 59% response rate
- Overall satisfaction = 93.8%
- KASPER is effective for tracking patient drug history = 96.4%
- Refused to prescribe based on KASPER data = 88.6%
- Effective tool for law enforcement investigations = 93.9%
- Chilling effect = 33.3%



#### **Program Plans**

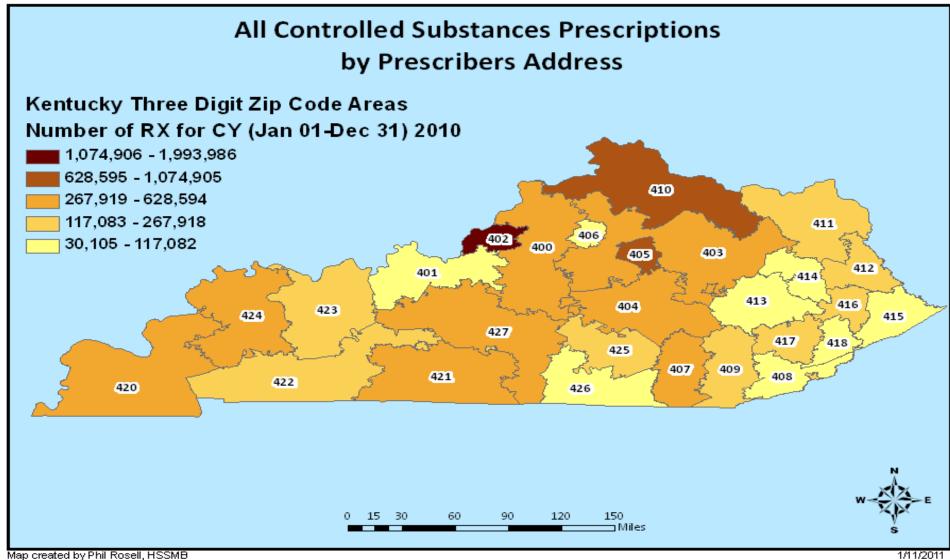
- Prescription Monitoring Information Exchange project
  - Pilot participants February 2011
  - Statewide December 2011
- Study of real time data collection (March 2011)
- Implementation of unsolicited notifications to prescribers and dispensers



## Controlled Substances in Kentucky 2010

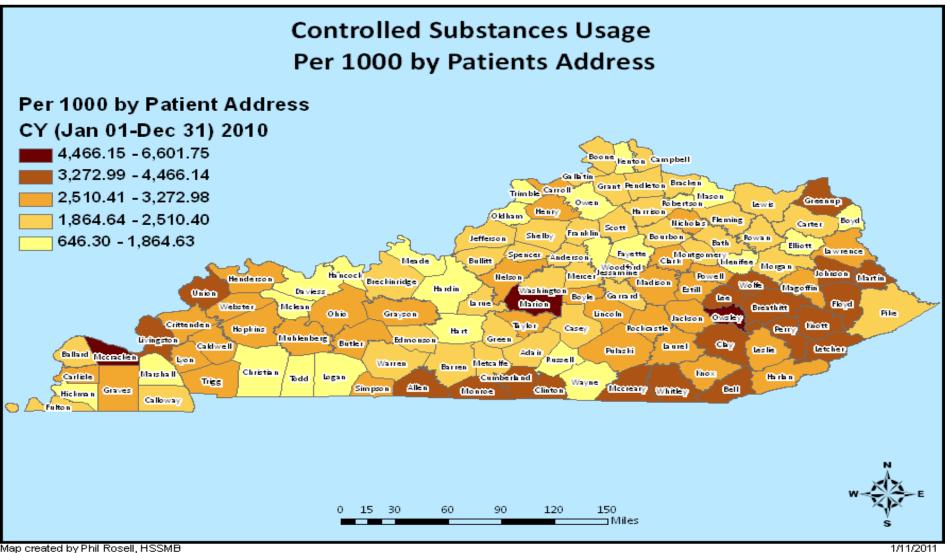


#### Controlled Substance Prescribing 2010



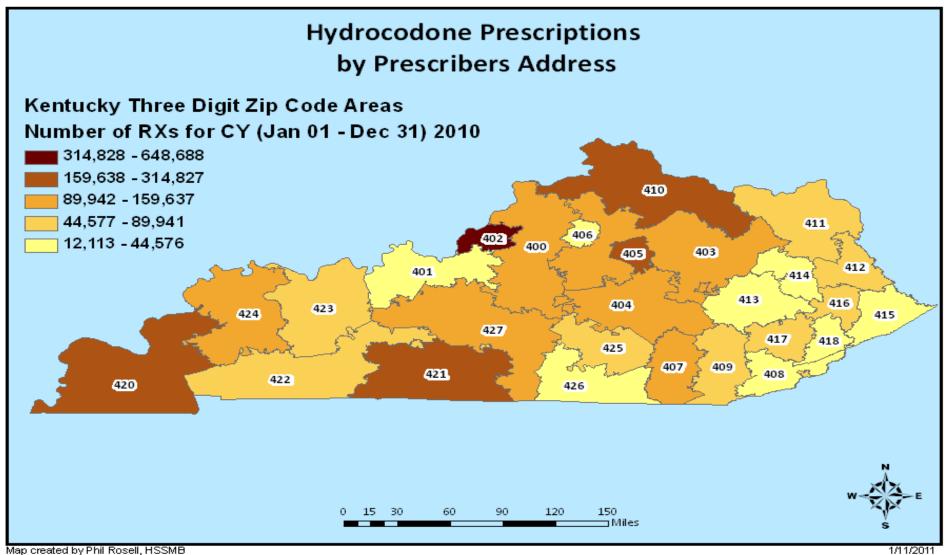
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#### Controlled Substance Usage 2010



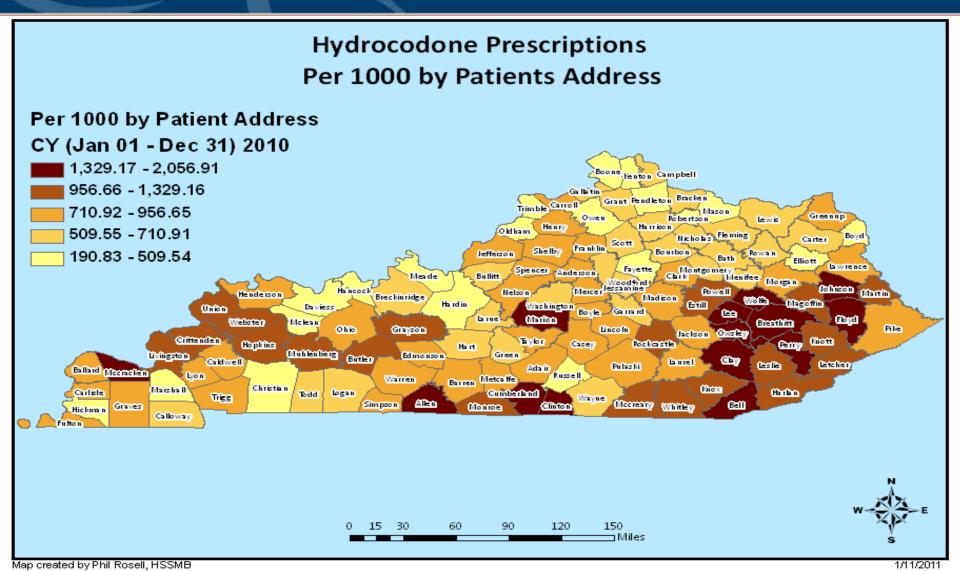


#### **Hydrocodone Prescribing 2010**



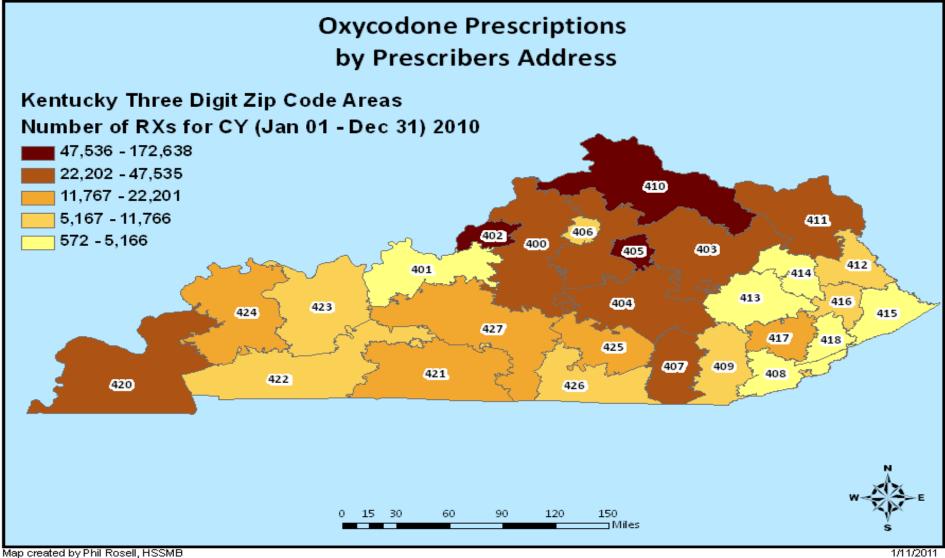


#### Hydrocodone Usage 2010



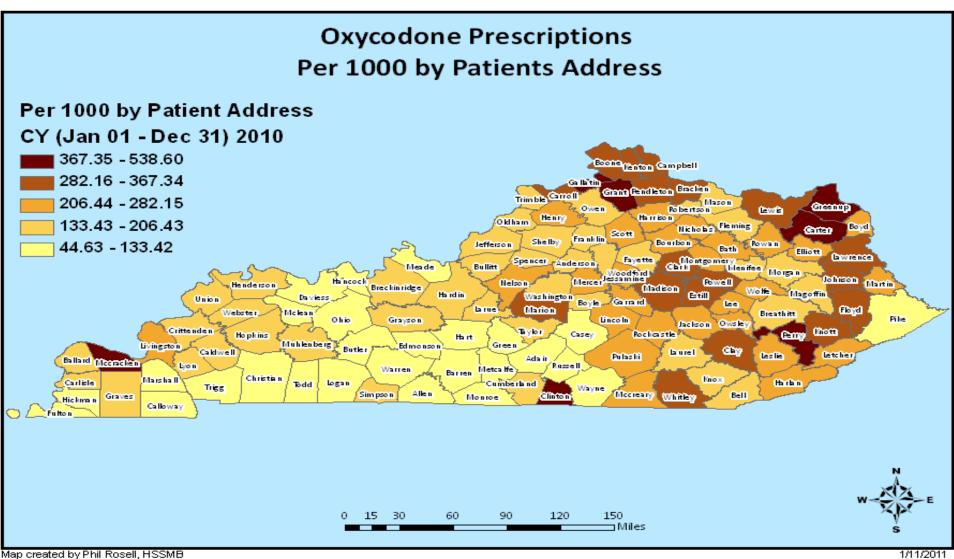
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#### **Oxycodone Prescribing 2010**



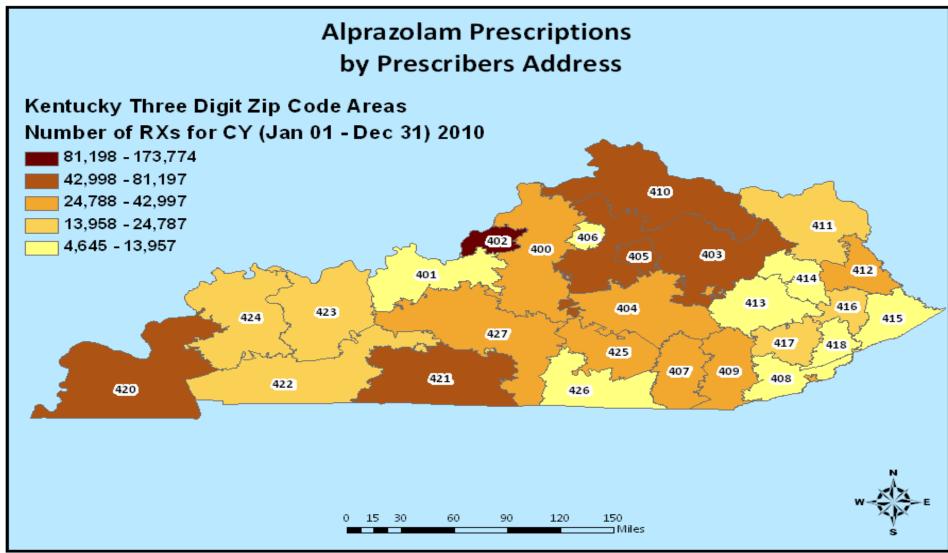
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#### Oxycodone Usage 2010



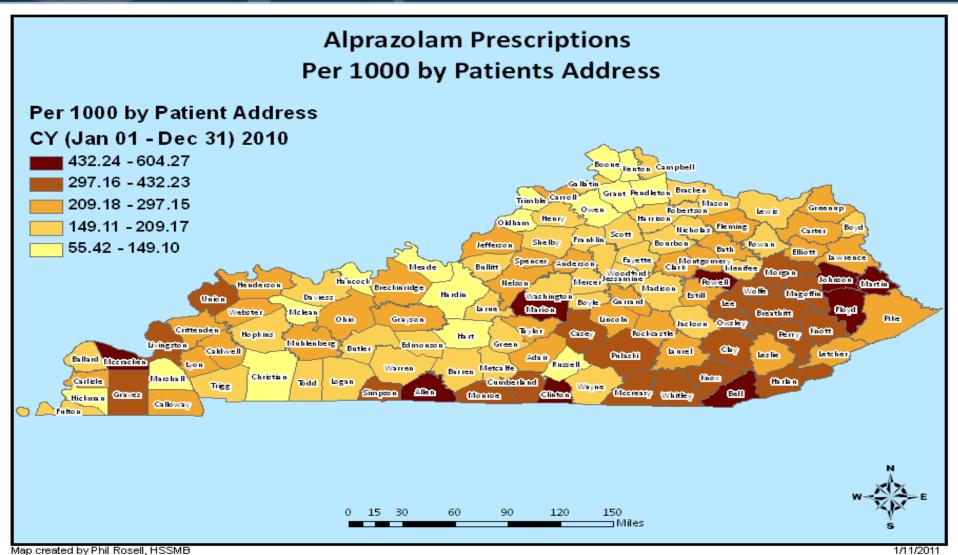


#### Alprazolam Prescribing 2010



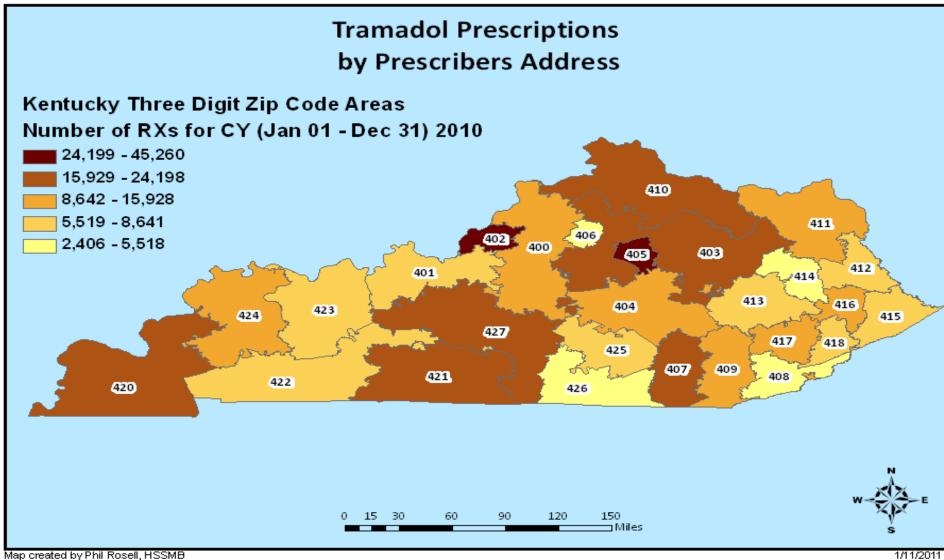
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#### Alprazolam Usage 2010



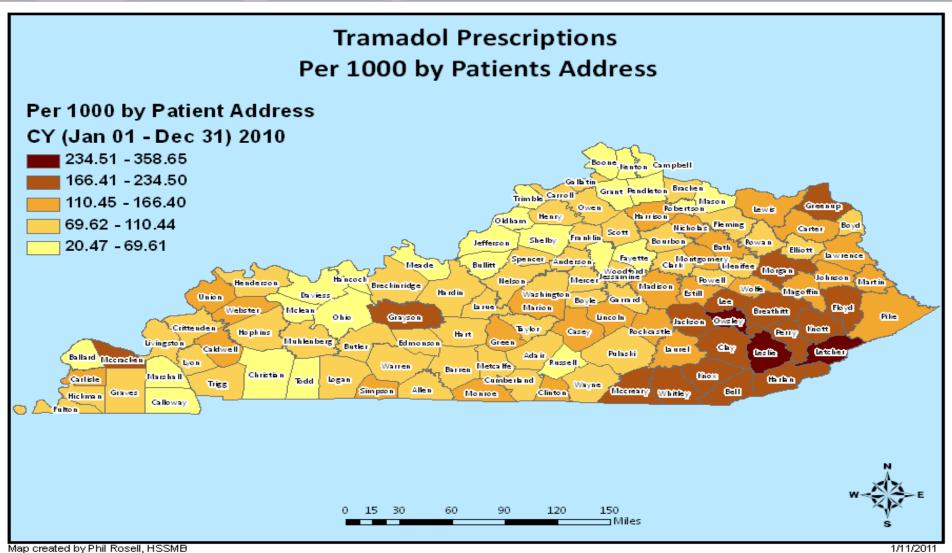
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#### **Tramadol Prescribing 2010**



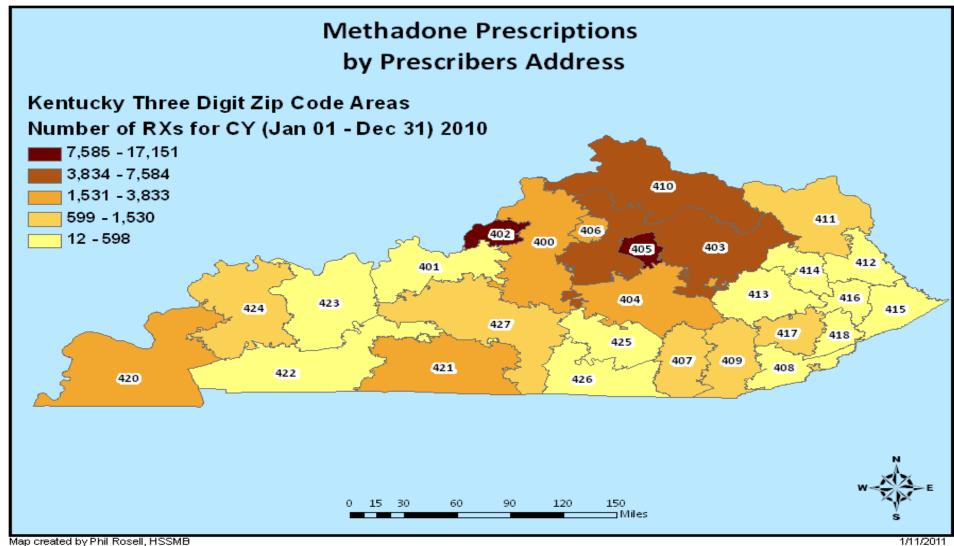
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#### Tramadol Usage 2010



Kentucky Kentucky

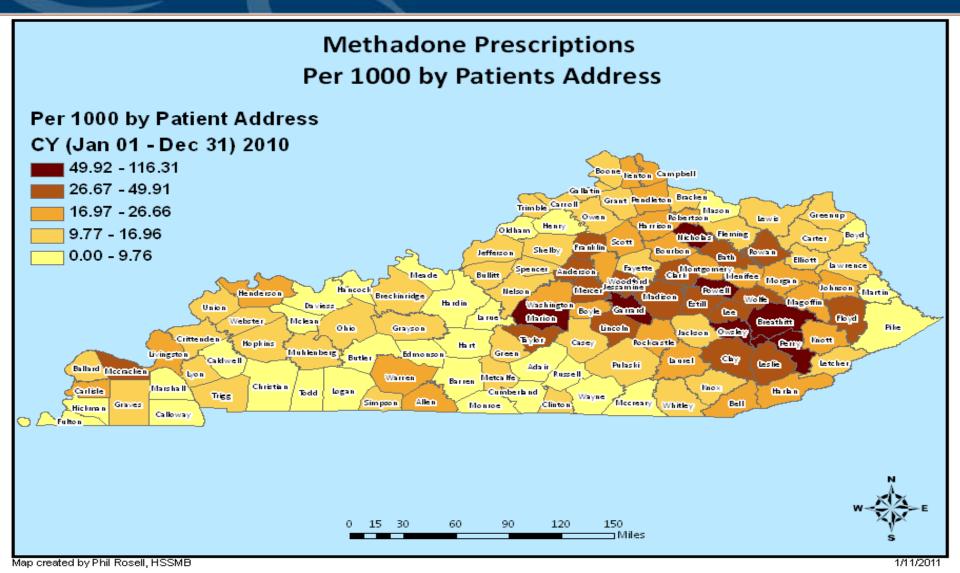
#### **Methadone Prescribing 2010**



map created by FTIII Rosell, ITSSIND

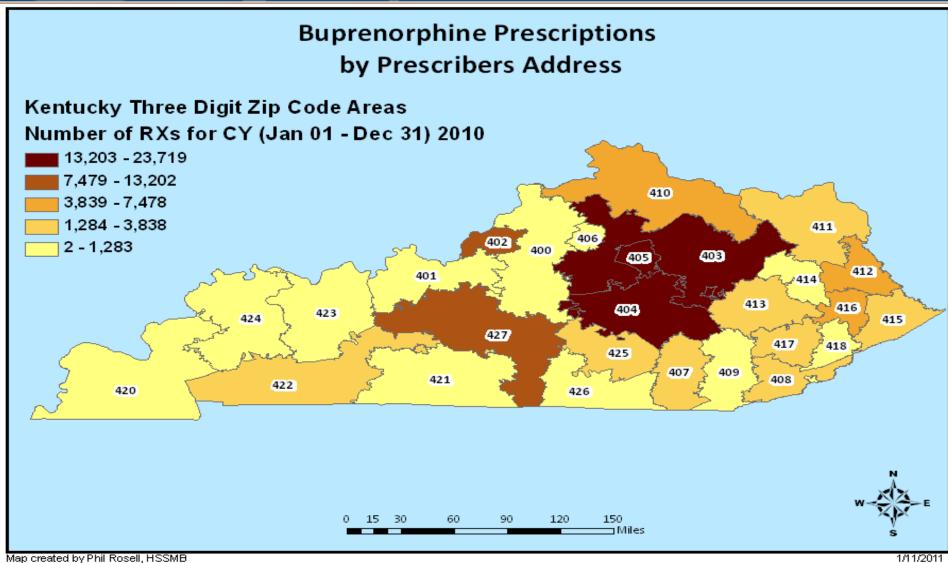
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#### Methadone Usage 2010



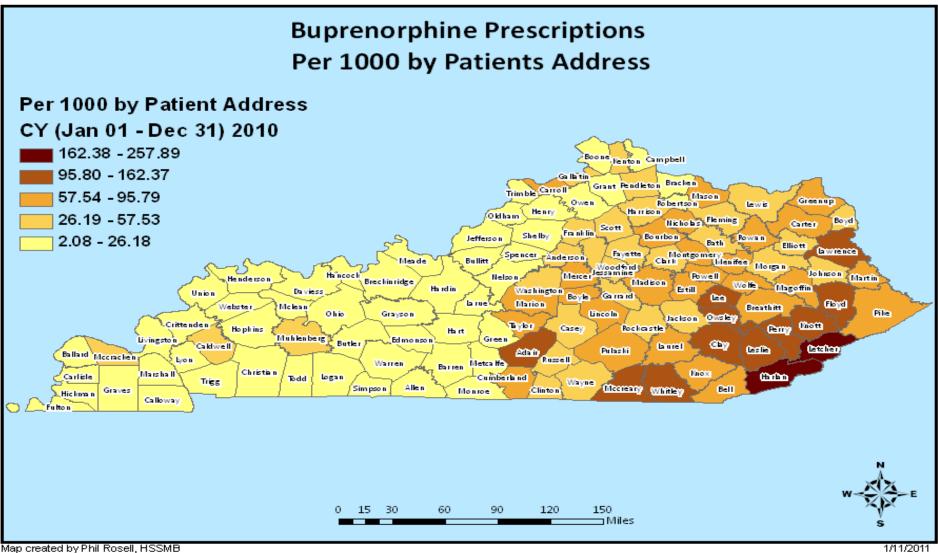
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#### **Buprenorphine Prescribing 2010**



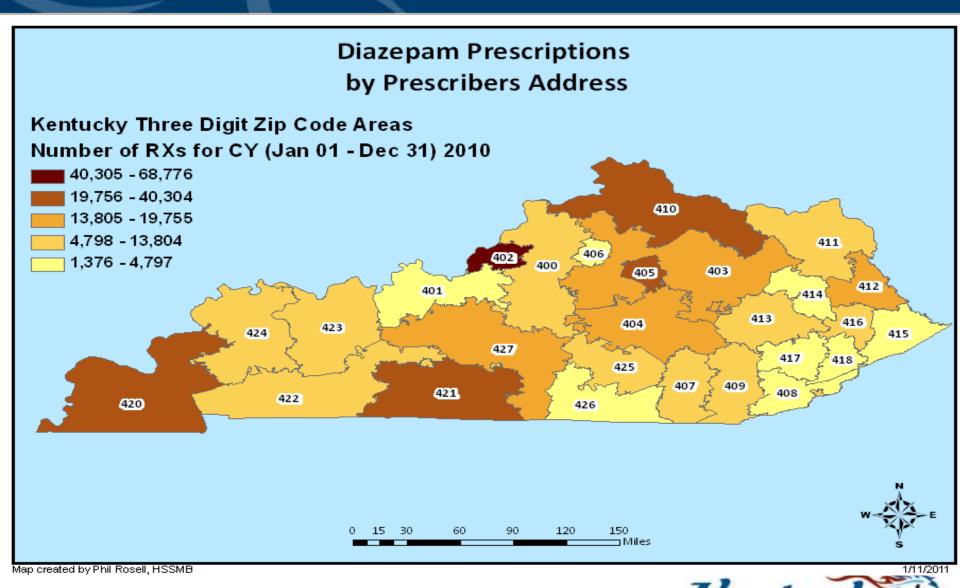
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#### **Buprenorphine Usage 2010**



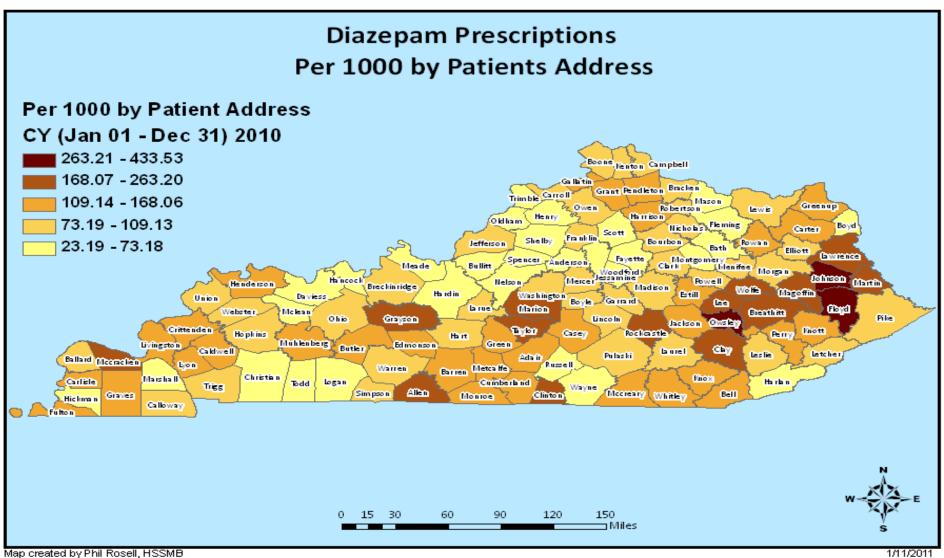


#### Diazepam Prescribing 2010



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#### Diazepam Usage 2010





# QUESTIONS?

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